

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	JANNETTE SAYLOR		COURT CASE NUMBER	07-636 SCR
DEFENDANT	VINCENT P. MECONI		TYPE OF PROCESS	Complaint
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN VINCENT P. MECONI, SECRETARY ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) State of DE - DHSS - Division of Child Support Enforcement MAIN Building, 1901 N. Dupont Hwy, New Castle, DE 19901			
AT				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	E
<input checked="" type="checkbox"/> JANNETTE SAYLOR 29 E. 23rd St. Wilmington, DE 19802			Number of parties to be served in this case	1
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
FoldFold

PAUPER CASE

Telephone No. 302-255-9040

Business Time: 8:00am - 4:30pm

Signature of Attorney or other Originator requesting service on behalf of:

Jannette Saylor

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	302-576-0493	12-06-2007

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 15	District to Serve No. 15	Signature of Authorized USMS Deputy or Clerk <u>BF</u>	Date 1-15-08
---	--------------------	------------------------------	-----------------------------	---	-----------------

I hereby certify and return that I have personally served, I have legal evidence of service, I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>Linda Kusz, Office Mgr.</u>	A person of suitable age and discretion then residing in the defendant's usual place of abode. <input type="checkbox"/>					
Address (complete only if different than shown above) <u></u>	Date of Service 1/29/08	Time 1:00 pm				
Signature of U.S. Marshal or Deputy <u>BF</u>						
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: